



2.0 RIGHTS AND RESPONSIBILITIES POLICY

2.1 Policy

“Insert Company Name Here” is committed to ensuring the health and safety of all their employees and visitors to their sites. All levels of employees have certain responsibilities when it comes to ensuring the health, safety and welfare of themselves and their fellow employees.

2.2 Employer Responsibilities

1. Provide a safe and healthy workplace;
2. Develop, initiate and maintain a comprehensive Occupational Health and Safety Program;
3. Appoint a company Safety Representative;
4. Ensure that regular safety inspections are conducted, and appropriate follow up action is taken as necessary to correct all unsafe conditions;
5. Ensure accident/incident investigations are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
6. Ensure all employees are adequately trained and educated in all company safe work procedures, safe operating procedures and policies;
7. Ensure that regular management and safety meetings are held;
8. Provide personal protective equipment and conduct training in the use and maintenance of such equipment;
9. Maintain safety records, documents and statistics; and
10. Provide First Aid and its facilities.

2.3 Supervisor Responsibilities

1. Ensure that all new employees receive a safety orientation when they start employment with “Insert Company Name Here”;
2. Ensure compliance by all employees and outside contractors under their supervision with the company’s safe work procedures, safe operating procedures and policies;
3. Ensure that all employees under their supervision are adequately trained and are properly instructed in the safe performance of their tasks;



4. Conduct regular departmental safety inspections of their areas including both equipment and work practices;
5. Investigate all accidents and/or incidents involving their employees and complete the “Insert Company Name Here” Accident Investigation Report – taking whatever corrective action is necessary to prevent future similar accidents; and
6. Investigate and correct any alleged unsafe conditions in their area and ensure that proper follow-up action is taken.

2.4 Worker Responsibilities

1. Learn, follow and comply with all company safe work procedures, safe operating procedures and policies;
2. Comply with OHS Regulation, Workers Compensation Act and Environment Canada;
3. Report any unsafe conditions to their Supervisor immediately;
4. Participate and make recommendations in correcting unsafe conditions and the overall health and safety program;
5. Ensure personal protective equipment is properly used where required; and
6. Report any injury to the First Aid Department and/or their Supervisor immediately.

2.5 Contractors Responsibilities

Each contractor shall take reasonable care to protect his worker’s health and safety as well as the health and safety of other workers who may be affected by his/her acts or omissions. The basic responsibilities include, but are not limited to, the following:

1. Planning work with health and safety considerations;
2. Following a health and safety program that is structured to meet the needs of the job site as well as the pertinent Legislation;
3. Participating in the site safety systems;
4. Co-operating with the site personnel and other contractors in all matters of health and safety;
5. Advising the appropriate site personnel of all health and safety matters which may impact on the operation of the site (includes incidents and hazards);
6. Conducting regular inspections of their work area while on site;



7. Conducting an investigation in the event of an incident and to provide site personnel with a copy of the investigation report;
8. Holding regular structured crew tool box talk meetings with workers on site in addition to pre-job meetings as needed;
9. Understanding and following the Emergency Response Plan;
10. Participating in site processes such as emergency drills;
11. Promoting health and safety at all times while on site;
12. Conducting safety orientations with company employees, subcontractors and suppliers; and
13. Maintain safety program certification requirements and audit standards required by industry or association.

2.6 Employee Rights

All Employees have the following three basic rights in Canada:

The Right to Know

All employees have a right to know what hazards are present on the job, and how these hazards can affect them. You usually learn about the hazards during health and safety training sessions and through on-the-job instructions. Learning about chemical safety through WHMIS - the Workplace Hazardous Materials Information System - is also part of the "right to know" system.

The Right to Participate

All employees have a right to take part in health and safety activities. For example, you can be chosen to be a health and safety representative or a member of a committee. You also have a right to report unsafe practices and conditions without worrying that you will lose your job or be reprimanded (get in trouble).

Right to Refusal Unsafe Work

Every employee has the responsibility and right to refuse to any work or operate any tool, appliance or equipment where it is believed, based on reasonable and probable grounds, that there exists, or will cause to exist, an imminent danger to the health and safety of the worker or another worker present at the workplace.

2.7 Right to Refuse Unsafe Work

1. The purpose of this policy is to ensure that every "Insert Company Name Here" employee has the right to refuse work if he or she feels it is unsafe.



5.0 EMPLOYEE COMMUNICATIONS SYSTEM POLICY

5.1 Policy

“Insert Company Name Here” management recognizes that effective communication is an essential component of their health and safety management system. A variety of avenues will be used to ensure employees receive and understand critical information necessary to ensure their safety.

5.2 Safety Bulletin Information Board

1. Appropriate safety documents and information will be posted on a safety information board which will be easily accessible by employees and discussed in meetings.
2. Documents and information may include:
 - a. Emergency response information and call numbers
 - b. Safety meeting minutes
 - c. Current concerns or hazards arising from work
 - d. First aid procedures, updates and other safety stats
 - e. Evacuation procedures
 - f. Road information for personal travel
 - g. Summary information from incident investigations
 - h. Feedback and resolutions to reported hazards or near misses
 - i. Inspection reports
 - j. Relative industry information
 - k. WCB Officer inspection reports

5.3 Safety Meetings

“Insert Company Name Here” is committed to mandatory monthly safety meetings with their employees to discuss any issues or concerns, near miss’s or experiences that the employees would like to share. As well there will be a monthly topic to be discussed and reviewed.

5.4 Crew ToolBox Talks

1. Crew toolbox talk meetings will be held on a regular basis at project worksites to discuss scope of work, hazards associated with that work and control measures.
2. Records will be maintained of these meetings.



9.0 OCCUPATIONAL FIRST AID POLICY

9.1 Purpose

The purpose of this policy and procedure is to provide employees with prompt, easily accessible, and appropriate first aid treatment and to keep a record of each treatment. All of the following shall be required at “Insert Company Name Here” to effectively provide first aid treatment:

1. Occupational First Aid Attendant(s) with appropriate level of training.
2. First Aid kits with appropriate level type and quantities of supplies.
3. First Aid record keeping system.
4. Appropriate means of transporting an injured worker to a first aid facility or a hospital.
5. Effective means of communication between First Aid Attendant(s) and workers who may need their help.

9.2 Requirements for Provision of First Aid

1. First aid equipment, supplies, and services shall be readily accessible to employees during working hours and to visitors, customers and contractors through “Insert Company Name Here” first aid services.
2. Signs clearly indicating the location of and how to call for first aid shall be:
 - a. Posted conspicuously throughout the workplace, and
 - b. Effectively communicated and educated to all “Insert Company Name Here” employees.

9.3 Reporting Injuries

1. All employees covered by WCB insurance are required to report all work-related injuries or disabling occupational disease immediately to their Supervisor and/or First Aid Attendant.
2. All employees who are injured on the job must report all injuries on the day of the incident regardless of the severity, unless symptoms of injury or illness is delayed due to mechanism and cause of injury.

9.4 Summoning First Aid in an Emergency

1. Ensure accident scene is safe to avoid further danger to injured person or self.



19.7 Manufactured Components

1. Major components of scaffolds must be used in accordance with technical data provided by the manufacturer, or in writing by a professional engineer, that:
 - a. shows the rated load, erection procedures and compliance with the OHS Regulations, and
 - b. is available at the workplace for reference.

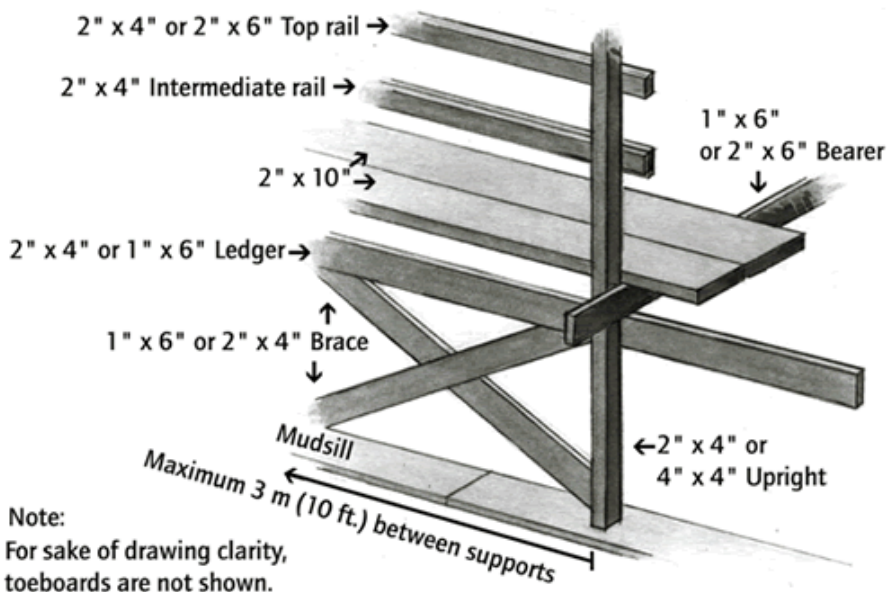
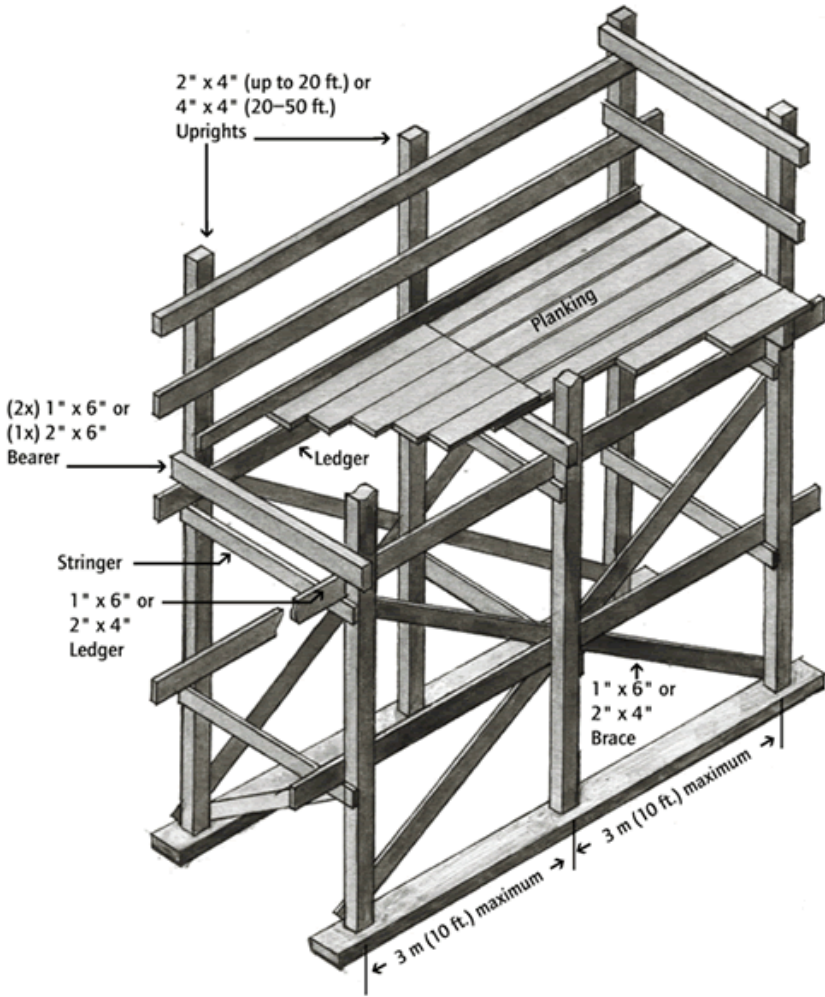
19.8 Lumber for Structural Components

All lumber used to construct a scaffold must be graded and marked to the National Lumber Grades Authority Standard Grading Rules for Canadian Lumber.

19.9 Scaffold Stability

1. A scaffold must be erected with the vertical members plumb, and with the ledgers and bearers level.
2. The base of a scaffold must have bearing plates or sills that rest on a solid surface and are sufficient to support the weight of the scaffold.
3. The poles, legs and uprights of a scaffold must be securely and rigidly braced to prevent movement.
4. A scaffold must be effectively guyed or secured to a building or structure:
 - a. if the height of the scaffold exceeds 3 times its minimum base dimension, or
 - b. in any other circumstances if required for stability.
 - c. Unless otherwise specified by the manufacturer, height adjustment devices must not extend more than $\frac{2}{3}$ of their total length or 60 cm (24 in), whichever is less.

Insert
Logo
Here



Note:
For sake of drawing clarity,
toeboards are not shown.



25.0 CONFINED SPACE ENTRY POLICY

25.1 Purpose

To insure the safety of services personnel by establishing definitions of confined spaces and qualifications for entry

25.2 Scope

This program applies to all “Insert Company Name Here” employees required to enter a confined space.

25.3 Definitions

“Authorized Entry Worker”: In respect of a specific duty, a worker who, because of knowledge, training and experience, is capable of performing that duty safely and properly.

“Blanking”: The absolute closure of a pipe, line, or duct by the fastening of a solid plate that completely covers the bore and that is capable of withstanding the maximum pressure of the pipe, line or duct with leakage beyond the plate.

“Confined Space”: A fully or partially enclosed space that is not primarily designed or intended for human occupancy and in which, because of its construction, location or contents or work activity therein, the accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur.

“Confined Space Entry Permit”: The permit that provides authorization to an Authorized Entry Worker to enter a confined space (Program Attachment A).

“Control Plan” A confined space entry and hazard control plan which includes methods, procedures and practices for controlling all hazards identified by an assessment of the hazards to which the confined space entrants may be exposed (Program Attachment B).

“PPM”: Parts per million

“Purging”: Displacing contaminants from a confined space

“Safe Atmosphere”: An atmosphere where:

- (a) the oxygen content of the atmosphere remains at least 19.5% but not more than 23% by volume; and
- (b) the atmospheric concentration of any explosive or flammable gas or vapour does not exceed 10% of the lower explosive limit or 10% of the lower flammable limit of the gas or vapour;

“Retrieval System”: The equipment (including a retrieval line, chest or full body harness, wristlets, if appropriate, and a lifting device or anchor) used for non-entry rescue of persons from a confined space.

“Tending Worker / Safety Monitor”: A worker outside a confined space that is trained and monitors the activities of the Authorized Entry Worker and who is able to provide assistance to workers occupying the confined space and who is able to summon assistance in order to initiate a rescue of such workers if required.

25.4 Authorized Entry Worker



1. Shall be fully trained in the identification and in the hazards associated with entering confined spaces, applicable legislation and the requirements of this program.
2. Shall only enter a confined space following proper authorization as outlined in this program.
3. Shall comply with all requirements of this program and all personal protective equipment requirements deemed necessary by the Supervisor, Manager or Designate.
4. Shall comply with the instructions of the Supervisor, Manager or Safety Monitor during the confined space entry.

25.5 Supervisor or Manager of an Authorized Entry Worker

1. Shall be fully trained in the identification and in the hazards associated with entering confined spaces, applicable legislation and the requirements of this program.
2. Identify authorized or qualified employees to work or support those who work in a confined space.
3. Ensure that all employees involved in confined space operations have the training as required by this program.
4. Authorize confined space entry permits.
5. Ensure that the conditions of this program are met during all confined space entries.
6. Apprise any contractor performing work in a confined space of our requirements prior to entry and ensure that these requirements have been met.
7. Verify that all tests specified by the permit have been conducted and that all procedures and equipment specified by the permit are in place before endorsing the permit and allowing entry to begin.
8. Verify that rescue services and retrieval systems are available and that the means for summoning them are operable prior to authorizing entry.



2.0 FIRST AID RECORD FORM

Name:	Occupation:	Department:
Date of Injury/Illness (D/M/Y):		Time of Injury/Illness (AM/PM):
Date and Time of Injury Reported (D/M/Y - AM/PM):		

Description of how the injury, exposure, or illness occurred (*print clearly - what happened?*)

Description of the nature of the injury, exposure, or illness (*print clearly - what you see – signs and symptoms*)

Description of treatment given (*print clearly*)

Interventions: CPR Airway Cleared Airway Maintained Ventilated Controlled Bleeding

Any Witnesses?: Yes No If yes, please provide name(s): _____

Recommendations (Check): Return to Work Medical Aid Follow Up – When? _____

Transported By (Check): Ambulance Taxi Company Vehicle Other – Explain _____

Graduated Return to Work: Alternate Duty Options Return to Work Form – Medical Aid Workers Supervisor Informed

Provided Worker Handout: Yes No If yes, which form: _____

OFAA Name (Please Print):	OFAA Signature:
Patient Name (Please Print):	Patient Signature:



7.0 FALL PROTECTION EQUIPMENT INSPECTION CHECKLIST

Print Name: _____

Date of Inspection: _____

Signature: _____

Other: _____

This checklist is a guideline for your daily fall protection equipment inspection. You have been trained on how to thoroughly inspect your fall protection equipment to ensure your personal safety.

- Put a check mark in the boxes if the corresponding equipment is in good working order.
- Put a in the boxes if the corresponding equipment is **NOT** in good working order.
- **REPORT ALL DEFECTIVE EQUIPMENT TO YOUR SUPERVISOR AND ENSURE ALL DEFECTIVE EQUIPMENT IS DESTROYED AND/OR TAGGED OUT OF SERVICE.**

FULL BODY HARNESS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	LANYARD	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Tags and Labels: be sure model and serial numbers are clear as well as CSA approval and manufacture date.		Webbing: no fraying, cuts, burns or chemicals. Stitching is good. No knots. Wear indicators if present.	
Webbing: webbing frayed, cut or burned. Wear indicators good. No glue, paint or other chemicals.		Snap Hooks: bent, cracked, corroded or twisted hook. Lock functioning. Springs working.	
Tongue, Grommets and Buckles: not bent, cracked or corroded. All parts move freely. No distortion or sharp edges. Grommets good, none missing or damaged.		Shock Absorber: check for signs for signs of deployment, shock loading. Stitching where pack is attached.	
Seams or Stitching: stitching loose, pulled, ripped or worn. Check load bearing and attachment stitching carefully.		LIFELINE	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
D Rings: not worn, bent or deformed. No rough or sharp edges. Rings pivot freely. Check closely for cracks.		Rope: frayed, rotted, cut or fuzzy. No knots. Discoloration from exposure or chemicals.	
Rivets & Straps Keepers: In good shape, not loose. Strap keepers move, not broken or missing.		Diameter: matches the rope grab and is uniform throughout	
Clean and Oil Free: Check with supervisor if in doubt of condition.		Attachment to Snap Hook: Original from manufacturer. Thimble good.	
Tool Holders: Safe and good shape, no modifications or damages.		Rope Grab: functioning properly. Check gate, locking pin, safety latch worn out teeth on cam, springs. Do hand test.	
SELF RETRACTING LIFELINE	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	HORIZONTAL LIFELINE	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Line: pull out and inspect cable for bends, frayed strands, evidence or excessive wear. Retrieval / retraction mode functioning properly. Pull test to make sure it catches. Check for shock loading indicator. Attach directly to dorsal D ring.		Engineered: specifically designed and engineered for fall protection. Check for capacity (how many workers). Ask Supervisor to confirm if unsure.	

Type: _____

S/N: _____

Type: _____

S/N: _____

Type: _____

S/N: _____

Comments:

Supervisor Signature: _____

Date: _____



12.0 AERIAL WORK PLATFORM LIFT: PRE-SHIFT INSPECTION CHECKLIST

The pre-shift inspection shall be performed prior to each day's or shift's use of the aerial platform lift by an authorized and trained operator of the lift. Documentation of the inspection shall be maintained by "Insert Company Name Here", with a copy of the most recent inspection document stored on the lift. If there are any of these items that are not satisfactory place the lift out of service and report to your Supervisor immediately.

Make of Lift: _____ Model of lift: _____ Serial #: _____

Operators Name: _____ Date of Inspection: _____

<u>Item Inspected</u>	<u>Okay</u>	<u>Not Okay</u>	<u>N/A</u>
Operating controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose/missing parts (locking pins/bolts...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placards and Warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outriggers/Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrail system and locking gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Operators Signature: _____ Date: _____